

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date January 5, 1979 Application Number DHR-1979-1	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Physical Health Communicable Disease Unit/ Sexually Transmitted Disease (STD) Program 618 Ponce de Leon Ave., N.E. Atlanta, Ga. 30306	ARCHIVES AND HISTORY Application Number 76-41-A Date Received JAN - 5 1979 Date Completed FEB - 5 1979
2. Person to Contact L. Carlyle Brown Working Title Director/ Program Manager Telephone Number 894-5177		
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>76-41</u> Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supercade; <input type="checkbox"/> Void		
4. Dates of Series Earliest 1952 Latest to present	5. Records Series Title (followed by title used in office, if different) Epidemiologic Activity Report for Venereal Diseases Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <p>The Division of Physical Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification, and preservation of births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.</p> <p>The Sexually Transmitted Disease (STD) Program has the responsibility to: determine, from laboratory reports, incidents and distribution of venereal disease in Georgia; provide this information to District health program representatives who operate the District V.D. Control Program; provide consultation to District Health Offices and private physicians; develop and distribute information to the public on the control of venereal disease; and monitor and evaluate the V.D. Control Program of each Health District.</p>		
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: interviewing and testing patients for the purpose of detecting the presence of venereal disease; and reporting findings to the Center for Disease Control. Included are: form 3432 (Rev. 3-78) (Serologic Test for Syphilis and Rubella -- present form -- former nos. Lab. 1.32 and DPH/DCS(4)-32) shows name, address, race, sex, age, of patient, recent immunizations, recent infectious disease; name, address, city and county of doctor; and results of blood test; Federal forms: CDC 9.97(3-78) (no name, but refers to gonorrhea diagnosis), CDC 9.54 (8-74) (Infectious Syphilis Epidemiologic Control Record); CDC 9.2936A (Rev. 3-77) (Venereal Disease Epidemiologic Report), source document for quarterly printout, and for reporting quarterly to the Center for Disease Control on form CDC 9.2127 (12-74) (Quarterly Epidemiologic Activity Report for Venereal Diseases) which report summarizes, by designated quarterly period, diagnostic categories, as to syphilis and gonorrhea; male or female; whether patient is member of armed forces or civilian; whether treated by private physician or clinic; and by total number of patients interviewed, investigated and by disposition of cases. The file is arranged: chronologically by year; there- (viewed, investigated and by disposition under, alphabetically by county. (of cases)		
8. Monthly Reference Rate estimate How often are records referred to which are: One to six months old <u>2600</u> ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ?		
9. Annual Rate of Accumulation or Records 1 page per District (19 Health Districts) per quarter Letter-size drawers <u>1/4</u> ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____ (for 2 years - new procedure)		

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it? <u>official State record</u>
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <u>Confidentiality of patient records - 88.502.10 Ga. Health Code</u>
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
** X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <u>quarterly report to Center for Disease Control</u>
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>various forms at various District offices</u>
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout? <u>statistical information from form CDC 9.2936A</u>

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | * e. Administrative need | <u>10</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

for reference purposes (based on past experience).

copy to Director, Family Health Services Section -- Schedule 74-460 FAMILY HEALTH DIRECTOR'S SUBJECT FILES provides for transfer annually to State Archives.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Printout (State Quarterly ERF 2127 Report) and form CDC 9.2127 (Quarterly Epidemiologic Activity Report for Venereal Diseases)

Forms: Serologic Test (may be present no. 3432, or former nos. DPH/DCS(4)-32 or Lab. 1.32)
CDC 9.54 (Infectious Syphilis Epidemiologic Control Record)
CDC 9.97 (refers to gonorrhea diagnosis)
CDC 9.2936A (Venereal Disease Epidemiologic Report)

Central Office Copy

Cut off file at end of each fiscal year; hold in current files area 10 years; then destroy. Earlier destruction is authorized.

Central Office copy - destroy after coding and verification is completed.

District Office copy - cut off monthly; hold 25 months; then destroy.

These instructions apply to all prior and future accumulations of the series.

District and County Offices

Destroy when no longer needed for reference.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>L. Carlyle Brown</i>	<u>1/2/79</u>	<i>Elizabeth W. Crank</i> Elizabeth W. Crank, CRM	<u>12/28/78</u>

State Records Committee (Signature)		Date
State Auditor/Designee	<i>[Signature]</i>	<u>2-1-79</u>
Secretary of State/Designee	<i>Carroll Hart</i>	<u>1-31-79</u>
Attorney General/Designee	<i>[Signature]</i>	<u>2-2-79</u>

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. App. Date 2/6/76	INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed FEB 11 1976 76-41 FEB 24 1976	
2. Agency Application No. DHR-35			
3. Submitting & Administering Office Address Department of Human Resources Division of Physical Health Venereal Disease Unit 618 Ponce de Leon Avenue Atlanta, Ga.		4. Person in Contact Charles Brown	5. Working Title Administrator
		6. Tel. No. 894-5177	

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1956-Present	9. Exact Series Title COUNTY MORBIDITY AND CONTACT INTERVIEWING ACTIVITY REPORT FILES
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10. What is the function of the office in which this record series is created?

The Division of Physical Health is responsible for the administration, direction and coordination of the Physical Health programs throughout the State. Included are: the establishment of health standards for business, housing, field operations and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces and annulments of marriage, and deaths that occur each year in the State.

Venereal Disease Control Unit has the responsibility to provide direction to and coordination of a statewide venereal disease control program designed to reduce the rising incidence of syphilis and gonorrhea in the State of Georgia.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to a quarterly statistical EDP printout, listing the morbidity rate of venereal disease for a designated county.

Included, but not limited to, are: name of county, number of patients treated and diagnosed in County Treatment Clinics, by private physicians, and medical centers; number of patient contacts obtained, type of disease diagnosed, treatment prescribed and any post treatment observations.

Files are arranged chronologically by year thereunder alphabetically by county.

ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers	4	6		1/2	1/2
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
				7	
				This Year's	Last Year's
			AVERAGE DAILY REFERENCE	Preceding Year's	All Prior Years
				10	5
					5
					1

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency?
District Office... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 10 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

Based on previous reference experience the Venereal Disease Control Unit needs a 10 year retention period.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☒ FISCAL YEAR ☐ OTHER _____, then:

- ☒ Hold in the current files area _____ month(s)/ 10 year(s):
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold _____ year(s):
☒ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☐ Other: (Specify)

District office copy - cut-off file at the end of calendar year: hold 5 years in current files area then destroy. Earlier destruction is authorized.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
William J. McDonald DHR-RMB	2-5-76		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	William J. Brown, Jr.	2/6/76
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	William M. Ryan	2-20-76
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Carroll Hart	2-19-76
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Robert Sheep	2-20-76

STATE RECORDS
COMMITTEE